

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021407

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1449

1. PLACE OF DEATH  
a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RICHMOND HEIGHTS

Length of stay in lb  
7 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY ST LOUIS

c. CITY OR TOWN LADUE Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
9 PICARDY LANE Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last  
RAYMOND E LA DRIERE

4. DATE OF DEATH Month Day Year  
MAY 10 1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/10/1891

9. AGE (last birthday) 70  
IF UNDER 1 YEAR Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
LAWYER

10b. KIND OF BUSINESS OR INDUSTRY  
JUDGE

11. BIRTHPLACE (City and state or country)  
GRAND RAPIDS, MICH

12. CITIZEN OF WHAT COUNTRY  
U.S.A

13a. FATHER'S NAME  
LOUIS LA DRIERE

13b. MOTHER'S MAIDEN NAME  
KATHERINE CRAIG

14. NAME OF HUSBAND OR WIFE  
JOSEPHINE LA DRIERE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
WWI

17. INFORMANT Address  
JOSEPHINE LA DRIERE 9 PICARDY LN

18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiac Arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Ca of Neck + Face  
DUE TO (c) Ca of tongue + larynx

INTERVAL BETWEEN ONSET AND DEATH  
9 mks  
5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Metastasis to liver

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951 to May 10, 1962 and last saw him alive on May 10, 1962  
Death occurred at 12:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Daniel L. Decker M.D.

22b. ADDRESS  
634 N. Grand Ave

22c. DATE SIGNED  
5-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
REMOVAL

23b. DATE  
5/12/1962

23c. NAME OF CEMETERY OR CREMATORY  
CALVARY CEM

23d. LOCATION (City, town, or county) (State)  
ST. LOUIS MO

24. FUNERAL DIRECTOR ADDRESS  
STOCK MORTUARY 889 S Brentwood

25. DATE RECD. BY LOCAL REG.  
5-11-62

26. REGISTRAR'S SIGNATURE  
John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
14005  
24029  
3  
4 0  
5 1  
6  
7 1  
8 2  
91992  
10  
11  
1246-0  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul A. Stadler

Licensed Embalmer No. 8287

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.